CNA Webinar:  
Avoid euthanasia: Become better informed

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This webinar will start at 12 pm ET
Avoid euthanasia: Become better informed.

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May 14, 2013
Due to the large number of participants in this webinar, only questions in writing can be accepted, during or at the end of the presentations.

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1. Click the Q&A button.
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**Definition:**

Euthanasia:

- Euthanasia refers to a situation when a substance is administered *with intent to kill* that person.
  - It involves causing the death of a person through a direct action.
  - *It is considered as the ending of another person's life with or without his or her request.*
  - *For more information, consult the paper on euthanasia by the Canadian Hospice Palliative Care Association (2010).*
Euthanasia:

- Despite the intent of the caregivers, euthanasia is prohibited by law and the person can be criminally accused of murder.
Definitions (cont.):

Assisted Suicide:

- It occurs when a person intentionally kills him or herself with the help of another individual.
- It is a criminal act in Canada to counsel or encourage someone to die.
- The Criminal Code of Canada outlaws suicide assistance, can be sentenced to prison.
Definitions (cont.):

• **Cessation of Treatment**: when the best treatment is not to maintain life ... but to let death occur. [acceptable]

• **Withholding of Treatment**: when we do not begin a treatment that is not in the best interest of the client (e.g., DNR) [acceptable]
Refusal of Treatment:

- A person can refuse any treatment proposed at any time: [acceptable]
  - whether it brings benefits or not.
- We cannot impose a treatment without the person’s consent.
  - the right of a client to refuse treatment after the physician has informed him of the diagnosis, prognosis, available alternative interventions, risks and benefits of those options, and risk and probable outcome of no intervention.
- It is a legal right.
**Definitions (cont.):**

**Therapeutic relentlessness:**

- Medicine seems to be able to push the limits of life further and further back:
  - we can prolong life (the quantity),
  - often to the detriment of the quality of life.
- An expression that is used to indicate that medical treatments are given that will prolong the process of dying. Situations where many treatments or tests are given.
- It can refer to disproportionate measures that postpone death and prolong suffering.
Palliative Care

Therapeutic relentlessness

x

euthanasia

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Palliative Care
The goals in a therapeutic relationship:

- to clarify the request for euthanasia;
- to clarify the assistance that we can provide;
- to decrease pain and symptoms that aggravate the suffering of the client;
- to provide psychological support during that difficult period of his/her life.
At the clinical level, we have to identify …

- the needs
- the problems
- the preoccupations
- the fears
- and the reasons why a person requests euthanasia.
Competencies for nurses in palliative care:

- An Advisory Committee of the Canadian Association of Schools of Nursing (CASN) on Palliative and End-of-life Care (PEOLC) developed national, consensus based competencies and indicators.

- The committee selected the conceptualization of palliative and end-of-life care used in the Canadian Strategy on Palliative and End-of-Life Care to guide this work.

- For ex. # 1. Uses requisite relational skills to support decision making and negotiate modes of palliative and end-of-life care on an ongoing basis.
Evaluation of clients during the 1st visit in the morning:

- How are you?
  - Better. → Continue the care
  - The same … → Assess and monitor
  - I am getting worse. → Assess and revise
Suffering Client:

Les symptômes qui sont ressentis.

Evaluation of the client

Symptoms felt by the client
Suffering Client:

Evaluation of the client

**Symptoms felt by the client**

- Constipation
- Symptom 2
- Symptom 3
- Nausea
- Symptom 5
- Pain
- Fatigue
- Solitude

**INTERVENTION**
to relieve the pain
Suffering Client:
when the person feels relief, then we can INTERVENE on the other problems / needs:

Evaluation of the client

Symptoms felt by the client

- constipation
- Symptom 2
- Symptom 3
- Nausea
- Symptom 5
- pain
- fatigue
- solitude
Suffering:

Sentences that we may hear:

- Examples.

- The real message is:
  - Relieve my symptoms.
Common issues of interpretation:

1st that the health-care professional has not understood or recognized the physical and psychological suffering of the client;

2nd that he/she has wrongly interpreted the client's request for symptom relief as a request for euthanasia; and

3rd that he/she has failed to provide appropriate pain and symptom relief.
Continuing education:

- If health-care professionals do not have enough knowledge or have not sufficiently developed their skills in relieving pain and other symptoms ...

  ==> focus on improving knowledge of pain and symptom control.

  » Preserving Dignity, articles 8 and 9.
There is confusion *between words* – *they need to be clarified*:

- **Care** vs **cure**.
- **Relief** vs **suffering**.
- **Accompaniment** vs therapeutic **relentlessness**.
- **Accompaniment** vs **euthanasia**.
- **Eliminate suffering** vs **eliminate the « sufferer.»**
- **Living in dignity** vs **dying in dignity**.
Palliative Care:

- Is comprised of meeting the physical, psychological, social, spiritual needs of the clients and their family members.

- One of the responsibilities of health-care professionals is to provide assistance in the control of pain and other symptoms that clients are experiencing.
Remember that…

- Clients need to know when they have a terminal illness in order to prepare themselves for the end.
- Clients have a right to receive palliative care either at home or in an institution.
- We should thoroughly assess clients with pain and offer them proper relief.
- We should improve our knowledge of pain and symptom control.
- Clients have a right to refuse treatments, to abstain from them or to stop them; it is acceptable and it can be preferable in some cases.
References:


Palliative Care – websites:

- [http://chpca.net/professionals/nurses.aspx](http://chpca.net/professionals/nurses.aspx)
- [http://hpco.ca/who-we-are/](http://hpco.ca/who-we-are/)
References (cont.):

- CNA: Position Statement – Providing Nursing Care at the End of Life:

  - Part D: Preserving Dignity:
**References (cont.):**

- **Canadian Hospice Palliative Care Association:**
  - CHPCA Issues Paper on Euthanasia, Assisted Suicide and Quality End-of-Life Care. Approved April 24\(^{th}\), 2010:

- **Fact Sheet:**
  - [http://chpca.net/media/7622/fact_sheet_hpc_in_canada_march_2013_final.pdf](http://chpca.net/media/7622/fact_sheet_hpc_in_canada_march_2013_final.pdf)
References (cont.):

  - http://www.casn.ca/vm/newvisual/attachments/856/Media/PEOLCCompetenciesandIndicatorsEn.pdf

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